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Country programme document

Ghana

Summary

The country programme document (CPD) for Ghana is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $45,280,000 from regular resources, subject to the availability of funds, and $132,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2018 to December 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2018.

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Programme rationale

1. Ghana is a peaceful, stable multiparty democracy that is noted for its independent press, freedom of speech and vibrant civil society. The country made major gains towards achievement of the Millennium Development Goals by halving extreme poverty, increasing access to safe water and achieving universal primary enrolment with gender parity. A new President was elected in December 2016 following a peaceful electoral process. As a result of the 2010 change in classification from a low-income to a lower-middle-income country, bilateral donors are reviewing their development cooperation portfolios, in some cases decreasing official development assistance (ODA).

2. The country is divided into 10 regions and 216 districts. Under the government's ongoing decentralization process, district assemblies are responsible for development planning, revenue collection, service delivery and internal security.

3. In 2010, the population was 24.6 million, of which 38 per cent were children under age 15 years. The average annual growth rate was 2.5 per cent.[1]

4. While the national level of child poverty declined from 36.4 per cent in 2006 to 28.3 per cent in 2013, it remains 40 per cent higher than the rate of adult poverty. Some 3.5 million children live in poverty, with 1.2 million of them living in households that are unable to provide adequate food.[2]

5. Inequality is still very high, with a Gini index of 42 in 2013 (up from 38 in 1992), with increasing disparities between and within regions. Economic growth has not been inclusive. The national tax policy and revenue allocation remain inequitable, while a weak social compact between citizens and the State limits accountability.

6. Coverage of social protection remains low, although several key programmes are in place, including the flagship Livelihood Empowerment Against Poverty (LEAP) national cash transfer programme, the National Health Insurance Scheme (NHIS), the Ghana School Feeding Programme (GSFP), the basic education Capitation Grant Scheme and the Labour Intensive Public Works programme.

7. Between 2008 and 2014, the under-five mortality rate declined from 80 to 60 deaths per 1,000 live births and the infant mortality rate from 50 to 41 deaths per 1,000 live births. Malaria, diarrhoea and pneumonia together accounted for 45 per cent of under-five deaths. The neonatal mortality rate stagnated at 29 deaths per 1,000 live births,[3] accounting for 71 per cent of infant deaths and 48 per cent of under-five deaths. The risk of neonatal mortality is doubled for babies born to teenage mothers, demonstrating the risks associated with childbearing at a young age.

8. The maternal mortality ratio remains high at 319 deaths per 100,000 live births.[4] Some 97 per cent of women receive skilled antenatal care at least once during their pregnancy, and while the rate of facility-based deliveries has been increasing, institutional newborn and maternal deaths remain persistently high.

9. Immunization coverage for the major childhood diseases decreased slightly from 2008 to 2014, from 79 per cent to 77 per cent of children aged 12–23 months fully immunized, with major differences between regions. To sustain and improve immunization coverage,

[1] Ghana Statistical Service, 2010 Population and Housing Census: Summary Report of Final Results, Accra, May 2012.
[2] Cooke, Edgar (Ashesi University College), Sarah Hague (UNICEF) and Andy McKay (University of Sussex), *The Ghana Poverty and Inequality Report 2016*, p. 1.
[3] Ghana Statistical Service, Ghana Health Service, and ICF Macro, Ghana Demographic and Health Survey 2014.
[4] World Health Organization Global Health Observatory, http://apps.who.int/gho/data/node.main.MATMORT?lang=en, accessed 9 November 2017.

adequate and timely government funding remains a priority as Ghana is scheduled to graduate from support from Gavi, the Vaccine Alliance, by the end of 2021.

10. Ghana has a median antenatal HIV prevalence of 1.8 per cent among pregnant women aged 15–49 years. In 2013, HIV infections among children aged 0–14 years accounted for 31 per cent of all new infections. In 2014, 18,621 children aged 0–4 years were projected to require antiretroviral therapy (ART).[5] In 2015, coverage of ART for children aged 0–4 years living with HIV was 26 per cent.

11. From 2008 to 2014, Ghana reduced the percentage of under-five children who are stunted from 28 per cent to 19 per cent, wasted from 8.5 per cent to 5 per cent and underweight from 14 per cent to 11 per cent. Yet, in the same period stunting among children under 6 months of age almost doubled, from 4.3 per cent to 8 per cent, and the rate of exclusive breastfeeding declined from 63 per cent to 52 per cent. The proportion of children aged 6–23 months fed with the recommended minimum dietary diversity declined from 47 per cent in 2011 to 28 per cent in 2014, and only 13 per cent of children are fed in accordance with accepted guidelines. Although anaemia prevalence in children aged 6–59 months dropped significantly, from 77.9 per cent in 2008 to 65.7 per cent in 2014, the rate is still well above the World Health Organization (WHO) categorization of anaemia prevalence as a severe public health problem (40 per cent or higher).

12. In the context of the Scaling Up Nutrition (SUN) Movement, Ghana has established a multi-stakeholder platform to ensure that nutrition objectives are incorporated into national policies and plans.

13. While nearly all Ghanaians have access to improved water sources, more than three in five people drink water that is unsafe as a result of faecal or arsenic contamination; only 4 per cent of households treat water suitably prior to drinking. The use of sachet water for drinking, with weak quality control, has increased almost four-fold since 2008.

14. Access to an improved household sanitation facility remains extremely low, at 14 per cent, and one in six households practices open defecation. Less than 21 per cent of the population has household handwashing facilities. The low overall rate of sanitation coverage is exacerbated by urban/rural and wealth-related inequities, which require a national response.

15. In Ghana, 44 per cent of children attend schools without toilets and 62 per cent attend schools without water sources, with wide disparities between and within regions. Although data are lacking, these rates likely indicate low rates of handwashing and menstrual hygiene management, which particularly affect adolescent girls. Localized studies indicate that water, sanitation and hygiene (WASH) facilities in health centres are equally inadequate.

16. In 2014, Ghana experienced its worst-ever cholera outbreak, with more than 28,000 cases and 240 deaths. Slums in Accra were the cholera epicentre, indicative of both the systemic failure to provide WASH services to these areas and of inequities in access. The cheapest flood-resilient toilet designs suited to Ghana are beyond the financial reach of the poorest communities, thus making them vulnerable to flood-associated disease risks. Climate change is likely to exacerbate these vulnerabilities.

17. Since 2000, Ghana has made impressive gains in access to kindergarten and primary school. The net primary enrolment ratio is over 90 per cent for boys and girls, contributing to the achievement of gender parity. The completion rate for girls is slightly lower at the primary level (girls: 98.5 per cent; boys: 100.8 per cent) but drops significantly at junior-high-school level (girls: 70.6 per cent; boys: 76.4 per cent).

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[5] National Sentinel Survey (2014) cited in Situational Analysis and Defining Strategic Actions for Accelerating Paediatric HIV Treatment, Care and Support in Ghana, 2014

18. The 2016 National Education Assessment indicates that large numbers of pupils are struggling to master the curricula for primary Grades 4 and 6, especially children living in deprived regions and rural areas. Learning disadvantage begins from early childhood and tends to widen at subsequent levels of education. One in five children and young people aged 6–24 years with a disability have never attended school; and those who are in school often face stigmatization without appropriate learning support. These pose important challenges to promoting equity in basic education.

19. Girls and boys experience frequent and multiple forms of physical, emotional and verbal abuse and violence. A 2013 report found that 57.5 per cent of respondents aged 14–17 years said they were beaten at home "all the time" or "sometimes", and 34 per cent confirmed being beaten in school by the teacher in the last month.[6]

20. Gender-based violence is widespread, affecting more than 40 per cent of girls aged 15–19 years, with 40 per cent of young women aged 15–24 years believing it is the right of husbands to inflict punishment on their spouses.[7] Most child protection violations are driven by gender inequalities and stereotypes that limit choices and opportunities for girls. Child marriage continues to affect girls disproportionately, especially those who are rural, poor and less educated.

21. Juvenile justice is highly gendered, with approximately 200 children arrested by the police each year, close to 70 per cent of them boys. Yet girls are criminalized much more for sex-related offences. Most crimes committed by children are not reported to the formal authorities because there is still a preference to settle cases at local levels through chiefs and heads of family.

22. Birth registration has stagnated at around 70 per cent over the past five years, with disparities between rural/urban areas and by level of education and wealth.

23. Bottleneck analyses have revealed similar findings across all sectors: while donor agendas on moving from aid to trade and limited domestic financing has affected investments in quality service delivery, constrained governance and accountability systems have also contributed to the performance of the social sectors. Lessons learned from the previous country programme highlighted that while UNICEF made major breakthroughs in the progressive realization of child rights, policy support was limited largely to issue-based policies, with less emphasis on financing, management and partnerships. Large-scale service delivery interventions were not sustainable. At the same time, the country programme embarked on the use of innovation for programme efficiency and began to address demographic shifts with pilot initiatives to respond to urbanization and adolescent issues. Engagement with the Government, civil society, donors and United Nations partners in the development of the new country programme highlighted the importance of policy advocacy, improved governance, greater accountability and system strengthening, in parallel with better targeting and more broad-based partnerships.

Programme priorities and partnerships

24. The United Nations Sustainable Development Partnership (UNSDP) aligns with government's coordinated programme of economic and social development policies(CPESDP), 2017–2024, encompassing the progressive realization of the 2030 Agenda for Sustainable Development and the African Union Agenda 2063. The country programme of cooperation will contribute to three of the four UNSDP result areas: social

[6] Government of Ghana/UNICEF. *It takes a Village to Raise a Child – National child protection study: Quantitative and qualitative research towards the strengthening of child protection in Ghana*, 2014.

[7] UNICEF Ghana. Adolescents and Young People in Ghana (10 To 24 Years): A Situation Analysis, January 2014.

investment in people; a protected and safe environment; and inclusive, accountable governance.

25. The country's lower-middle-income status and projected decline in ODA require a different mode of engagement that builds on the comparative advantages and capacities of UNICEF, balancing delivery of services with systems strengthening work. UNICEF will thus support the Government in meeting its obligations to children in line with Sustainable Development Goal commitments and national plans in three areas: (a) equity-focused policy advocacy for budgetary reform and greater accountability, drawing on robust data; (b) documenting innovative solutions for strengthening systems efficiency; and (c) more limited service delivery focused on the most vulnerable children and adolescents.

26. UNICEF will employ the following mix of strategies:

(a) generation of evidence derived from cost-effective, equitable, replicable and scalable approaches, coupled with use of quality data, research on emerging areas and knowledge management to facilitate policy dialogue;

(b) social and behavioural change communication to promote recommended practices, generate demand for services and build social accountability;

(c) strengthened partnerships with the Government at all levels, United Nations partners, civil society and young people themselves;

(d) targeted service delivery, focusing on areas of greatest deprivation; and

(e) resource mobilization and financing, including through cooperation with the private sector, based on the Children's Rights and Business Principles.

27. The programme, which is aligned with the UNICEF Strategic Plan, 2018–2021, the Gender Action Plan, 2018–2021 and the UNICEF West and Central Africa key results for children, aims to accelerate results in specific high-impact areas:

(a) addressing high rates of neonatal mortality and prevention of mother-to-child transmission of HIV (PMTCT);

(b) reducing stunting and anaemia;

(c) making Ghana open defecation free;

(d) providing inclusive and quality basic education to support the transition to senior high school, especially for adolescent girls;

(e) strengthening the child protection system;

(f) supporting inclusive development and strengthening the national social protection system; and

(g) strengthening emergency preparedness and response systems.

28. In addition to providing continued support to the three deprived northern regions, all programme components will use district-level data to identify pockets of deprivation and reach the poorest people registered in the LEAP cash transfer programme. Focus districts will be identified based on the need for issue-specific interventions and on complementary investments by donors. UNICEF will support decentralization by empowering national and local bodies with evidence, information, tools and capacity to make informed decisions to focus on the most vulnerable populations.

29. Gender equality will be addressed through efforts focused on keeping adolescent girls in schools, menstrual management, including anaemia prevention, and reducing child marriage. With support from the Korea International Cooperation Agency (KOICA), UNICEF will implement a programme on adolescent girls, and will address sexual and

reproductive health through a joint programme with the United Nations Population Fund (UNFPA) with support from Global Affairs Canada (GAC).

Health and nutrition

30. The programme will facilitate equitable access to and utilization of evidence-based health and nutrition interventions for newborns, children under age 5, adolescent girls and women of reproductive age. UNICEF will support health system strengthening, including integration of PMTCT services into the maternal, newborn and child health system, focusing on accountability, resource and information management, including procurement, and the scale-up of quality-of-care services for the most marginalized. The programme will use an equity-focused approach by strengthening linkages with the NHIS and focusing on LEAP beneficiaries. In addition to strengthening the routine monitoring system, the programme will generate knowledge on emerging challenges facing children and adolescents. In critical areas like immunization, major childhood diseases and HIV, UNICEF will reposition itself by focusing on continuous situation monitoring and strengthened advocacy for sustained government financing, particularly as external funding diminishes.

31. The focus of nutrition interventions will shift to strengthening and monitoring of regulatory frameworks, in line with international standards, and modelling of successful interventions to address stunting and child and adolescent anaemia, complemented by social and behavioural change communication to promote recommended nutrition and related practices, especially for infant and young child feeding. UNICEF will collaborate with other United Nations agencies (the Food and Agriculture Organization (FAO), the World Food Programme (WFP) and WHO) to better understand the diet and nutritional status of infants and young children.

32. UNICEF will work through the Health Sector Working Group, which is led by the Ministry of Health and includes the Government of Canada, United Kingdom Department for International Development (DFID), United States Agency for International Development (USAID), Japan International Cooperation Agency (JICA) and Gavi, the Vaccine Alliance.

Water, sanitation and hygiene

33. The programme will aim to ensure that more children and families have access to basic sanitation and safe and affordable drinking water, supported by more effective national strategies, while demonstrating the viability of scalable approaches. UNICEF will support the Government to deliver key components of the national Water Sector Strategic Development Plan to increase child survival and reduce morbidity and mortality.

34. The first outcome of the WASH subcomponent, focusing on eliminating open defecation and improving hygiene practices, will target: developing and refining national costed strategies for rural and urban sanitation (including market shaping, financing mechanisms and facilitating private sector engagement) and WASH in institutions; building capacity to deliver behaviour change programmes; and increasing monitoring and evaluation (M&E) and accountability. The second outcome will focus on increased access to safe drinking water through: ensuring safe, sustainable supplies (supported by an assessment of urban risks and the establishment of private sector delivery models); and reducing emergency and climate risks to WASH services.

35. UNICEF is the development partner lead for the WASH sector. Key partners in results delivery are the Governments of Canada and the Netherlands, while collaboration on programming modalities with others, including the World Bank and USAID, ensures consistency.

Education

36. The programme will support government efforts to ensure that more girls and boys access and complete quality and inclusive basic education with improved learning outcomes. UNICEF will support improved kindergarten at national and subnational levels to ensure that young children get the best educational start in life; modelling of effective and inclusive teaching and learning practices in primary education for scale up; and building system capacity to support adolescent girls to transition to senior high school. It will focus on strengthening capacities for decentralized planning and monitoring for results, and mechanisms for sector coordination for greater accountability; and generation of evidence for improved equity and learning in the education sector.

37. UNICEF will coordinate with other development partners (the Global Partnership for Education, the World Bank, DFID, JICA and USAID), engaging through the Education Sector Working Group on areas of cooperation, including learning opportunities for out-of-school children at the primary level, improved early grade reading, teacher training and progressive engagement on skills development among adolescent girls and boys.

Child protection

38. The programme will support girls and boys in Ghana, especially the most disadvantaged, to benefit increasingly from an equitable and integrated child protection system that fosters birth registration and prevention and timely responses to violence, exploitation and abuse. The system strengthening approach begun in the previous programme will continue, since experience has shown that it addresses multiple child protection concerns effectively as it tackles common drivers and deprivations. Standard-setting and development of guidelines and directives will be done at national level. UNICEF will continue to invest in institution-building and strengthening of the child protection workforce in 20 selected districts. This will demonstrate and document at-scale application of government policies on child and family welfare and justice for children. Interventions concerning alternative care for children in foster care, kinship care or adoption will focus on districts with high numbers of children in residential care.

39. UNICEF will focus on:

(a) aligning laws and regulations with national policies and international standards;

(b) ensuring that child victims of violence receive prevention and response services;

(c) enhancing capacities to deliver equitable, quality and coordinated child-friendly justice services to children and their families;

(d) increasing the efficiency of birth registration services for children under 5 years of age; and

(e) increasing understanding of violence and harmful practices among families and children in selected areas.

40. Major partners include the Governments of Canada and the Netherlands, the USAID Displaced Children and Orphans Fund and the International Organization for Migration (IOM).

Policy and evidence

41. The programme will build on the experience of the previous country programme in social policy, social protection and support for improved collection and analysis of evidence to inform policy implementation. Through policy work to promote equitable resource allocation, inclusive development, improved social accountability, increased social

protection and use of evidence, UNICEF will support the Government to include the poorest households in the country's development, so as to reduce poverty and inequality.

42. In relation to the promotion of more equitable policymaking, the key areas of focus will be: (a) more equitable resource allocation through improved tax and expenditure management; (b) scaled-up policy implementation for inclusive development at the national and sectoral level; and (c) improved social accountability for development, including through the continuation of Ghana's District League Table. In relation to M&E and evidence generation, UNICEF will focus on: (a) supporting strengthening of national M&E systems; and (b) promoting demand for, and development and use of quality evaluation information.

43. The programme will also address social protection, in particular the coverage, quality and coordination of social programmes. The LEAP programme currently reaches around one in eight poor people (213,000 households), and, as a result of UNICEF technical support and advocacy, now includes pregnant women and infants. UNICEF will support the transition towards a "universal LEAP" that includes the urban poor; strengthen organizational and operational practices, including building on current work with the NHIS and GSFP, and better use of LEAP targeting for basic social services. The main partners will be DFID, USAID and the World Bank.

Programme effectiveness

44. Programme effectiveness will support quality assurance and coordination between the country programme and the UNSDP, national priorities and the Sustainable Development Goals. Programme planning will ensure results-based management across programmes, providing guidance and resources to staff and partners for efficient execution and documentation of country programme results. Communication and advocacy will promote evidence from research and programme activities, utilizing traditional, social and digital media to contribute to the public discourse on child poverty and inequity; and foster private and public partnerships while promoting a credible brand. Communication for development (C4D) will continue to document social and behavioural change interventions while also focusing on measurement and systematic strengthening of sectoral capacities to promote child-friendly social norms.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	7 500	30 000	37 500
Water, sanitation and hygiene	6 500	33 000	39 500
Education	6 500	16 500	23 000
Child protection	6 500	23 500	30 000
Policy and evidence	6 000	8 500	14 500
Programme effectiveness	12 280	21 000	33 280
Total	**45 280**	**132 500**	**177 780**

Programme and risk management

45. The UNSDP will be implemented through joint annual workplans agreed with the relevant ministries and agencies. The joint coordination mechanism under the Ministry of Finance will facilitate "Delivering as one" with all levels of the Government.

46. The country programme is based on the assumption that the Government will remain committed to strengthening governance and accountability through political will and provision of domestic funding for quality service delivery, food security and reducing inequality.

47. Outbreaks of disease, particularly cholera, are a major risk in Ghana. The Government is expected to take the lead in emergency response with the United Nations system, including UNICEF, providing support as required. Government partners have recognized the lead role of UNICEF C4D approaches in prevention, preparedness and response to disease outbreaks. Ghana is politically stable, but epidemics or violence in the subregion could have a potentially destabilizing effect on the country. All components of the country programme are risk-informed and mechanisms are in place to make adjustments as needed.

48. This CPD outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

49. In health/nutrition, education and sanitation, UNICEF relies on sectoral management information systems for programme monitoring. In other sectors, UNICEF works with partners to strengthen sector-wide monitoring approaches while providing support to national surveys, i.e., the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS). Special-purpose data-collection efforts will be undertaken only where no other data sources exist, or data are needed expressly to demonstrate approaches.

50. As detailed in the costed evaluation plan, major evaluations to be undertaken include impact evaluations of the social protection system; end-line evaluation of child protection, maternal and newborn and WASH interventions; and an evaluation of education and gender equality approaches for adolescent girls.

Annex

Results and resources framework

Ghana – UNICEF country programme of cooperation, March 2018–December 2022

Convention on the Rights of the Child: Articles 1–40

National priorities: CPESDP (2017–2024)

Draft UNSDP outcomes involving UNICEF: 3. Government of Ghana delivers equitable, quality and financially-sustainable social services; 4. Marginalized and vulnerable populations demand and utilize social services; 5. Environmental governance at national and local levels is effective, efficient and coherent; 6. Urban and rural communities have access to affordable services, knowledge and tools to increase their resilience; 7. Transparent, accountable institutions at all levels that protect the rights of all people.

Outcome indicators measuring change that includes UNICEF contribution: Under finalization

Related Goal Areas of the UNICEF Strategic Plan, 2018–2021: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
More children and women access and utilize quality health services	Percentage of women who had a pregnancy in the five years preceding the survey with at least four antenatal care visits B: 87% (2014) T: 90%	DHS, MICS	1. Ghana health system has the necessary management tools to support effective service delivery at national and subnational levels. 2. Evidenced-based tools and strategies are in place for delivery of quality care for all. 3. Quality disaggregated data from routine monitoring system is available and knowledge is generated on the survival challenges of older children (6–10 years) and adolescents.	Ministry of Health (MoH); Ghana Health Service (GHS); Christian Health Association of Ghana WFP, WHO, UNFPA, Joint United Nations Programme on HIV/AIDS (UNAIDS) DFID, USAID, JICA, KOICA,	4 000	14 300	18 300
	Institutional neonatal mortality rate B: 3.8 per 1,000 live births (2016) T: 2.5 per 1,000 live births	District Health Information Management System (DHIMS)					
	Institutional maternal mortality ratio B: 151.1 per 100,000 live births (2016) T: 120 per 100,000 live births	DHIMS					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Stillbirth rate B: 1.7 per 1,000 live births (2016) T: 1.0 per 1,000 live births	DHIMS		European Union, GAC Non-governmental organizations (NGOs)			
More children, adolescent girls and women of childbearing age access and utilize nutrition services, nutrient-rich foods and supplements to improve their well-being	Percentage of children aged 0–23 months who were put to the breast within one hour of birth B: 55.6% (2014) T: 70%	DHS	1. National Nutrition Policy and frameworks are aligned with international standards and monitored annually 2. Health service providers have improved capacity to deliver quality nutrition services at national and subnational level 3. Stronger capacity among public and private sector and civil society actors to promote nutritional well-being of children, adolescents and women	MoH, GHS, Ministry of Trade and Industry FAO, UNAIDS, UNFPA, WFP, WHO DFID, European Union, JICA, KOICA, USAID, GAC NGOs Private sector	3 500	15 700	19 200
	Percentage of children 6–8 months old who are fed with iron-rich foods B: 21.6% (2014) T: 40%	DHS					
	Percentage of girls 10–19 years taking iron supplements B: 0% T: 80%	Baseline and end-line evaluation surveys					
	Number of adolescent girls reached with iron folate supplementation with UNICEF support B: 0 T: 285,000 girls in four regions	DHIMS					
More children and their families have access to basic sanitation, supported	Percentage of households using basic (not shared) sanitation facilities B: (2014): urban 17.8%, rural 8.5%	DHS/MICS	1. Capacity of Government is improved to implement the Rural Sanitation Model and Strategy to generate demand and facilitate supply	Ministry of Sanitation and Water Resources, Ministry of Local Government and	5 300	28 700	34 000

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
by more effective national strategies[1]	national: 13.6% T: urban: 25%, rural: 15% national: 20%		2. Capacity of Government is improved to implement a national urban sanitation strategy to generate demand and facilitate supply 3. Capacity of Government is improved to implement national strategies for WASH in institutions 4. Capacity of Government is improved to implement a national strategy to promote adequate and equitable hygiene for all 5. Improved social accountability systems in place for WASH sector services	Rural Development (MLGRD), National Development Planning Commission, Ghana Statistical Service (GSS), Ghana Education Service (GES), GHS United Nations Development Programme (UNDP), United Nations Human Settlements Programme, WHO, World Bank, African Development Bank GAC, Government of the Netherlands, KOICA, USAID NGOs Academia Private sector			
	Percentage of households practicing open defecation B: (2014): urban: 7.1%, rural: 28.8%, national: 16.9% T: (2020): urban: 0%, rural: 0% national: 0%	DHS/MICS					
	Proportion of households with a handwashing facility with soap (or suitable alternative) and water available in the home B: (2014): urban: 26.9%, rural: 14.1%, national: 21.1% T: urban: 40%, rural: 30%, national: 35%	DHS/MICS					
More children and their families have access to affordable and safe drinking water, supported	Proportion of households using basic drinking water services B: (2014): urban: 88% rural: 66% national: 78%	DHS/MICS	1. Capacity of Government is improved to deliver safe and sustainable drinking water services to communities	Same as outcome 3	1 200	4 300	5 500

[1] Outcome baselines to be updated with data from MICS 2017.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
by more efficient national strategies[2]	T: (2022): urban 95% rural: 80% national: 92%		2. Improved capacity of national and decentralized government and civil society organizations to manage risks and to prepare and respond to WASH challenges in emergencies				
	Percentage of households using an appropriate drinking water treatment method B: (2014): urban: 5.7%, rural: 2.5% national: 4.2% T: (2022) Urban: 15% Rural: 10% National: 15%	DHS/MICS					
More girls and boys in Ghana access and complete quality and inclusive basic education with improved learning outcomes[3]	Percentage of Grade 4 (P4) and Grade 6 (P6) students attaining minimum competency or higher in English and mathematics B: 2016 English: P4: 37%, P6: 36% Mathematics: P4: 22% P6: 25% T: 2022 English: P4: 50%, P6: 50% Mathematics: P4: 40%, P6: 40%	Education assessments (biennial)	1. Operational frameworks for improved kindergarten service delivery in place and implemented at national and subnational level 2. Effective and inclusive teaching and learning practices modelled in primary education 3. Improved capacity at national and subnational level to support inclusive education and adolescent girls to progress and complete basic education 4. Improved capacity for decentralized planning and monitoring for results in basic education	Ministry of Education (MoE); GES United Nations Educational, Scientific and Cultural Organization, World Bank DFID/JICA/USAID NGOs Academia	6 500	16 500	23 000
	Kindergarten net enrolment rate (disaggregated by sex) B: 2015/2016 Total: 79.5%; F: 80.%; M: 79% T: 2021/22 Total 86%; F: 86.5%; M: 85.5%	Annual Education Management Information System (EMIS) data					

[2] Outcome baselines to be updated with data from MICS 2017.

[3] Outcome targets to be aligned with the final Education Sector Plan (2018–2030).

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	Junior high school completion rate (disaggregated by sex) B: 2015/16 Total: 76.1%; F: 73.5%; M: 78.6%; T: 2021/22 Total: 83.5%; F: 82.4%; M: 84.5%	Annual EMIS data	5. Stronger policy frameworks, coordination mechanism and evidence-generation for improved equity and learning in the education sector				
Girls and boys in Ghana, especially the most disadvantaged, increasingly benefit from an equitable and integrated child protection system	Proportion of children aged 2–14 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month B: 93.6%[4]; (MICS 2011); T: 83% (2022)	MICS	1. Child and family welfare, justice for children and birth registration laws and regulations are aligned with child protection policies and international standards 2. Most vulnerable and disadvantaged girls and boys have access to services to prevent and respond to violence against children 3. Capacities of formal and informal service providers enhanced to provide equitable, quality and coordinated child-friendly justice services to girls and boys and their families 4. Birth registration services are more efficient for the registration of girls and boys under 5 years of age 5. Women, girls, boys and men in selected areas have increased understanding of violence and harmful practices that affect children, especially girls	Ministry of Gender, Children and Social Protection (MoGCSP), MLGRD, GSS, Ministry of Interior, Judiciary Service, Ministry of Justice and Attorney General's Department ILO, IOM, UNDP, UNFPA GAC, USAID NGOs	6 500	23 500	30 000
	Percentage of women aged 20–24 who were first married/in union before age 18 B: urban: 15.5%; rural: 26.6%, national: 20.7%, (DHS 2014); T: (2022) urban: 12%; rural: 16%; national: 18%	DHS/MICS					
	Percentage of children under 5 years whose births are registered with the civil authorities B: 70.5% (DHS 2014) T: 85% (2022)	DHS/MICS					

[4] Baseline and target group to be updated with MICS 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Poor children benefit from inclusive development being a central objective of national and sectoral policies	Percentage of children living in households defined as poor according to the national poverty line B: 28% (2013) T: 20% (2022)	Ghana Living Standards Survey	1. Effective tools and strategies are in place to improve the equitability of national resource allocation 2. Research, dialogue and strategies effectively promote inclusive development in national and sectoral policy frameworks 3. Effective tools and dialogue are in place to improve national social accountability 4. National M&E and data systems are strengthened so as to increasingly support evidence-based policies and programmes	Ministry of Finance (MoF), MoGCSP, NDPC NGOs	5 230	2 574	7 804
	Number of government commitments to increase funding to meet at least one specific priority budget "ask" per year (i.e. LEAP, sanitation, child marriage, vaccinations, capitation grant, nutrition) B: One commitment per year to a specific budget "ask" (2017) T: At least one commitment per year to a specific budget "ask" (2022)	National budget statements					
More children from vulnerable families benefit from a social protection system	Number of children reached by LEAP and GSFP B: 375,000 children in LEAP, March 2017, and 1,644,000 children in GSFP, March 2017 T: 900,000 children in LEAP by 2022, 3,000,090 children in GSFP by 2022	MoGCSP, LEAP MIS	1. Key social protection programmes have strengthened operational capacity and are supported to improve coverage 2. Evidence-based strategies are in place to strengthen social protection policy, advocacy, legal and institutional frameworks	MoF, MoGCSP, MoH, MoE World Bank USAID DFID NGOs	770	5 926	6 696
	Number of households enrolled in LEAP B: 213,000 in 2017 T: 550,000 by 2022	LEAP MIS					
	The Social Protection Law and related regulations are in place B: draft law available T: law approved by 2019 and monitored annually	Annual reporting and law documentation					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of beneficiaries paid in most recent payment cycle B: 72.2 % (payment cycle 45; 153,647 of 212,919 households paid. Source LEAP Quarter 4 2016 report) T: 90%	LEAP MIS					
Programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children in development and humanitarian settings	Percentage of management and programme indicators on track B: Not applicable (2017). T: 100%	Insight dashboard	1. Strategic external communications and public advocacy for policy support and strengthened media landscape for the voices and rights of children, including adolescents in Ghana 2. Cross-cutting issues related to child rights and well-being are systematically addressed and monitored		12 280	21 000	33 280
	Percentage of media houses that demonstrate change in approach to child development reporting B: Baseline study to be carried out; T: 60%	External research					
Total resources					**45 280**	**132 500**	**177 780**